

IPEA/

PCT DEMAND

CHAPTER II

under Article 31 of the Patent Cooperation Treaty:
The undersigned requests that the international application specified below be the subject of
international preliminary examination according to the Patent Cooperation

For international Preliminary Examining Authority use only

Identification of IPEA

Date of receipt of DEMAND

Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION

Applicant's or agents file reference
BNLB:FP21015

International application No.
PCT/AU2005/000061

International filing date (day/month/year)
20 January 2005

(Earliest) Priority date (day/month/year)
20 January 2004

Title of the invention
METHOD AND APPARATUS FOR TESTING FIBRES

Box No. II APPLICANT(S)

Name and address: (Family name followed by given name; for a legal entity, full official designation.
The address must include postal code and name of country)

COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION
LIMESTONE AVENUE
CAMPBELL ACT 2612
AUSTRALIA

Telephone No.

Facsimile No.

Teleprinter No.

Applicant's Registration No. with the office

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State (that is, country) of residence:
AUSTRALIA

Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)

Stuart Lucas
19 Denman Street
Geelong East
VIC 3219 AUSTRALIA

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AUSTRALIA

State (that is, country) of residence:
AUSTRALIA

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Stuart Gordon
14 Wattle Court
Jan Juc
VIC 3228 AUSTRALIA

State (that is, country) of nationality:
AUSTRALIA

State (that is, country) of residence:
AUSTRALIA

Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE

The following person is ☒ agent ☐ common representative
 and ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.
☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked
☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.

Name and address: *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country)*

Griffith Hack
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 MELBOURNE VIC 3004

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+61 3 9243 8300

Facsimile No.

+61 3 9243 8333

Teleprinter No.

Agent's Registration No. with the office

☐ Address for correspondence: Mark this checkbox where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Box No. IV BASIS FOR INTERNATIONAL PRELIMINARY EXAMINATION**Statement concerning amendments***

1. The applicant wishes the international preliminary examination to start on the basis of:
 - ☒ The international application as originally filed
 - the description ☐ as originally filed
☐ as amended under Article 34
 - the claims ☐ as originally filed
☐ as amended under Article 19 (together with any accompanying statement)
☐ as amended under Article 34
 - the drawings ☐ as originally filed
☐ as amended under Article 34
2. ☐ The applicant wishes any amendment to the claim under Article 19 to be considered reversed.
3. ☐ The applicant wishes the start of the international preliminary examination to be postponed until the expiration of the applicable time limit under Rule 69.1(d).
☐ The applicant expressly wishes the international preliminary examination to start earlier than at the expiration of the applicable time limit under Rule 54bis.1(a).

* Where no checkbox is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

Language for the purpose of international preliminary examination: ENGLISH

- ☒ which is the language in which the international application is filed
☐ which is the language of a translation furnished for the purposes in international search
☐ which is the language of publication of the international application
☐ which is the language of the translation (to be) furnished for the purposes of international preliminary examination.

Box No. V ELECTION OF STATES

The filing of this demand constitutes the election of all Contracting States which are designated and are bound by Chapter II of the PCT.

Box no. VI CHECK LIST

The demand is accompanied by the following elements, in the language referred to in Box No. IV, for the purposes of international preliminary examination:

For International Preliminary
Examining Authority use only

received not received

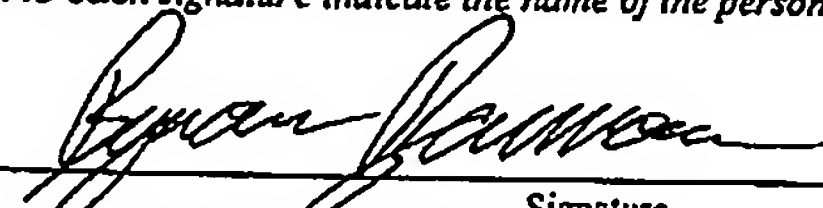
- | | | | |
|--|--------|--------------------------|--------------------------|
| 1. translation of international application: | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. amendments under Article 34: | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. copy (or where required, translation) of amendments under Article 19: | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. copy (or where required, translation) of statement under Article 19: | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. letter: | sheets | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. other (<i>specify</i>): | sheets | <input type="checkbox"/> | <input type="checkbox"/> |

The demand is accompanied by the item(s) marked below:

- | | |
|--|--|
| <input type="checkbox"/> fee calculation sheet | 5. <input type="checkbox"/> statement explaining lack of signature |
| 2. <input type="checkbox"/> separate signed power of attorney | 6. <input type="checkbox"/> sequence listing in computer readable form |
| 3. <input type="checkbox"/> original general power of attorney | 7. <input type="checkbox"/> tables in computer readable form related to a sequence listing |
| 4. <input type="checkbox"/> copy of general power of attorney; reference number, if any: | 8. <input type="checkbox"/> other (<i>specify</i>): |

Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE

Next to each signature indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand)


Signature
BYRON BOWMAN

13 May 2005
Date

of Griffith Hack for and behalf of the applicant(s)

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1. Date of actual receipt of DEMAND:	
2. Adjusted date of receipt of demand due to CORRECTIONS under Rule 60.1(b):	
3. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply <input type="checkbox"/> The applicant has been informed accordingly	6. <input type="checkbox"/> The date of receipt of the demand is AFTER the expiration of the time limit under Rule 54bis.1(a) and item 7 or 8, below, does not apply.
4. <input type="checkbox"/> The date of receipt of the demand is WITHIN the period of 19 months from the priority date as extended by virtue of rule 80.5	7. <input type="checkbox"/> The date of receipt of the demand is WITHIN the time limit under Rule 54bis.1(a) as extended by virtue of Rule 80.5.
5. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.	8. <input type="checkbox"/> Although the date of receipt of the demand is after the expiration of the time limit under Rule 54bis.1(a), the delay in arrival is EXCUSED pursuant to Rule 82.

Demand received from IPEA on:

For International Bureau use only

FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

International application No. PCT/AU2005/000061	For International Preliminary Examining Authority use only								
Applicant's or Agent's file reference BNLB:FP21015	Date stamp of the IPEA								
Applicant COMMONWEALTH SCIENTIFIC AND INDUSTRIAL RESEARCH ORGANISATION									
Calculation of prescribed fees									
1. Preliminary examination fee	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%; text-align: center;">768.00</td> <td style="width: 40%; text-align: center;">P</td> </tr> </table>	768.00	P						
768.00	P								
2. Handling fee (<i>Applicants from certain states are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25 of the handling fee.</i>)	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%;"></td> <td style="width: 40%; text-align: center;">H</td> </tr> </table>		H						
	H								
3. Total prescribed fees Add the amounts entered at P and H and enter total in the TOTAL box	<table border="1" style="width: 100%;"> <tr> <td style="width: 60%; text-align: center;">768.00</td> <td style="width: 40%;"></td> </tr> <tr> <td colspan="2" style="text-align: center;">TOTAL</td> </tr> </table>	768.00		TOTAL					
768.00									
TOTAL									
Mode of Payment									
<table style="width: 100%;"> <tr> <td><input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below)</td> <td><input type="checkbox"/> cash</td> </tr> <tr> <td><input checked="" type="checkbox"/> cheque</td> <td><input type="checkbox"/> revenue stamps</td> </tr> <tr> <td><input type="checkbox"/> postal money order</td> <td><input type="checkbox"/> coupons</td> </tr> <tr> <td><input type="checkbox"/> bank draft</td> <td><input type="checkbox"/> other (specify):</td> </tr> </table>		<input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash	<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps	<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons	<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):
<input type="checkbox"/> authorisation to charge deposit account with the IPEA (see below)	<input type="checkbox"/> cash								
<input checked="" type="checkbox"/> cheque	<input type="checkbox"/> revenue stamps								
<input type="checkbox"/> postal money order	<input type="checkbox"/> coupons								
<input type="checkbox"/> bank draft	<input type="checkbox"/> other (specify):								
Authorisation to Charge (or Credit) Deposit Account <i>(This mode of payment may not be available at all IPEA's)</i>									
<input type="checkbox"/> Authorisation to charge the total fees indicated above	IPEA/ _____								
<input type="checkbox"/> (this check box may be marked only if the conditions for deposit accounts of the IPEA so permit) Authorisation to charge any deficiency or credit any overpayment in the total fees indicated above	Deposit Account Number _____								
	Date _____								
	Name _____								
	Signature _____								

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